INFORMATION DISCLOSURE STATEMENT PURSUANT TO 37 C.F.R. §§1.97-1.99

PATENT APPLICATION

Applicant:

Raniere

Docket No.: FIRS-3288

FOR:

SLEEP GUIDANCE SYSTEM AND RELATED METHODS

Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure under 37 C.F.R. §1.56 and pursuant to 37 C.F.R. §§1.97-1.99, Applicant(s) hereby notifies the U.S. Patent and Trademark Office of the documents listed on the attached Form PTO-1449. Applicant respectfully submits that all pending claims are patentable over the foregoing references, alone or in combination. The Examiner is requested to initial the enclosed Form PTO-1449 and return a copy thereof to the undersigned.

The submission of the listed documents is not intended as an admission that any such document constitutes prior art against the claims of the present application. Applicant reserves the right to dispute any of the listed documents as prior art during examination. Further, Applicant does not waive any right to take any action that would be appropriate to antedate or otherwise remove any listed document as a competent reference against the claims of the present application. Furthermore, the submission of this Information Disclosure

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Statement is not to be construed as a representation that a search has been made or that no other material information may exist.

This Information Disclosure Statement is being filed within three months of the filing date of the captioned patent application, and therefore no certification under 37 C.F.R. §1.97(e) or fee under 37 C.F.R. §1.17(p) is required.

Respectfully submitted,

By Kenneth C. Booth

Reg. No. 42,342

Enclosures:

PTO-1449

							
Form PTO-1449 U.S. DEPARTMENT OF COMMERCE (REV. 8-83) PATENT AND TRADEMARK OFFICE				ATTY. DOCKET NO. FIRS-3288		SERIAL NO.	
INFORMATION DISCLOSURE CITATION				APPLICANT Raniere			
CHARION				FILING DATE		GROUP	
(Use several sheets if necessary)				L			
U. S. PATENT DOCUMENTS							
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EXAMINER	, DEE	DOCUMENT	DATE	NAME	CT A CC	SUB-	DATE IF
INITIAL	REF	NUMBER	DATE	NAME	CLASS	CLASS	APPROPRIATE
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EXAMINER				DATE CONSIDERED			
*EXAMINER: Initial if citation considered, whether or not citation is in							
conformance with MPEP 609; Draw line through citation if not in conformance and							
not considered. Include copy of this form with next communication to applicant.							